

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
NURSE INACTIVE LICENSE

DOPL-AP-099 REV 9/14/99

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Supporting Documents and Fees:

1. Submit the license and wallet copy of the license you wish to make inactive by stapling them to this application.
2. Submit the \$50.00 non-refundable application processing fee.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your license.

The following applicable laws and rules are available on the Internet at
<http://www.commerce.state.ut.us/DOPL/dopl1.htm>

You may also purchase them for a fee from Exporior, 5486 South 1900 West, Suite C
Utah 84118, telephone (801) 355-5009.

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Nurse Practice Act
- ☐ Nurse Practice Act Rules
- ☐ Nurse Midwife Practice Act
- ☐ Nurse Midwife Practice Act Rules

2. **Fee Refund:** You will not receive any refund of license or renewal fees previously paid to

the Division.

3. **To Activate an Inactive License:**

To activate a license which has been inactive for three years or less, you must apply for activation, document that you meet the current renewal requirements, and pay the \$50.00 activation fee.

To activate a license which has been inactive for more than three years, you must apply for activation, document that you have an active license in another jurisdiction or pass the required examinations within six months of making application for reactivation, and pay the \$50.00 activation fee. An applicant seeking activation of a CNM license may complete an approved refresher program in lieu of the examination.

4. **Renewal of Inactive License:** An inactive license must be renewed in accordance with your normal renewal schedule and fee. A renewal coupon will be sent to your last known address.
5. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
6. **May Not Practice:** In accordance with 58-1-305(2), A....an inactive licensee has no right or privilege to engage in the practice of the licensed occupation or profession.®

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O.Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 4 th floor
Salt Lake City, Utah 84111

Telephone Numbers:

(801) 530-6597 or 6733

Fax Number:

(801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE

or REGISTRATION

GENERAL INFORMATION

License Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for inactive licensure nurse license.

I currently possess an active in good standing license in the State of Utah.

To the best of my knowledge, the information contained in the application is free of fraud, misrepresentation, or omission of material fact.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant:_____